



TABLE TENNIS  
ASSOCIATION  
OF MALDIVES

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# 9th Inter Office, Company and Resorts Table Tennis Tournament 2024

4th - 10th November 2024

## PARTICIPATION FORM

MEN'S TEAM EVENT

WOMEN'S TEAM EVENT

### OFFICE / COMPANY / RESORT (Please fill in Block letters)

NAME:	
TEAM MANAGER:	MOBILE NO:
EMAIL:	
TEAM COACH:	MOBILE NO:
EMAIL:	

### PLAYER INFORMATION (Please fill in Block letters)

FULL NAME:	STAFF ID / NO:
ADDRESS:	EMPLOYED SINCE:
ID NO:	DOB: / /
MOBILE NO:	
FULL NAME:	STAFF ID / NO:
ADDRESS:	EMPLOYED SINCE:
ID NO:	DOB: / /
MOBILE NO:	
FULL NAME:	STAFF ID / NO:
ADDRESS:	EMPLOYED SINCE:
ID NO:	DOB: / /
MOBILE NO:	
FULL NAME:	STAFF ID / NO:
ADDRESS:	EMPLOYED SINCE:
ID NO:	DOB: / /
MOBILE NO:	
FULL NAME:	STAFF ID / NO:
ADDRESS:	EMPLOYED SINCE:
ID NO:	DOB: / /
MOBILE NO:	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE

NAME: DESIGNATION: SIGN: DATE: SEAL / STAMP:

**NOTE:**

- TEAM LIST FORM SUBMISSION DEADLINE** - 12:00hrs, 22nd OCTOBER 2024. (ON or BEFORE Deadline Date)
- COMPULSORY** TO ATTACH A VALID ID CARD COPY
- IF A FOREIGN PLAYER IS INCLUDED IT IS COMPULSORY** to ATTACH the player's info of his/her **International RANKING** and **National Ranking** of the Player (SEPARATE INFO SHEET TO ATTACH)
- Signatory** of an **Authorised personnel** and **Seal/Stamp** is **MANDATORY**. Please Submit or E-mail to: [ttmaldives@gmail.com](mailto:ttmaldives@gmail.com)